

## First Outpatient Appointment - Trauma and Orthopaedics Service

### Introduction

The Covid pandemic has had a significant impact on the NHS ability to provide routine elective services. We recognise that patients are waiting longer than we would all like and it is not always possible to identify when treatment will take place. This document provides you with information on how you are able to support yourself while waiting to attend the hospital. The guidance has been written by clinicians who are responsible for your care.

Trauma and Orthopaedics is a specialty that deals with a wide range of conditions related to the bones and joints, particularly those that often require surgical treatment. The “Trauma” part of the specialty is the management of broken bones and ligament injuries, both in the initial stages of treatment, and also the later stages where the injury had resulted in long term problems. “Orthopaedics” is the specialty that deals mainly with bone and joint disorders that have developed for reasons other than injury. Common examples would include severe arthritis, trapped nerves, deformities, and bones and joint infections. The orthopaedic treatments we offer include joint replacements, arthroscopy (keyhole joint surgery), ligament and tendon reconstructions, nerve decompressions, deformity corrections, and injections.

Most of the trauma work that we do is performed at University Hospital, Coventry, which is one of the busiest trauma units in the country. Whilst we also do some orthopaedic (non-trauma) work at University Hospital, the majority of orthopaedic patients are treated at the Hospital of St Cross, Rugby. Many patients need X-rays or scans as part of their care, and these may be done at either of these hospitals.

Please read the following information in conjunction with the staying healthy guidance and also the clinical guidelines for your specific procedure/condition.

### Guidance for Patients

Most orthopaedic conditions make day-to-day activities difficult in some way. This may be due to pain when trying to do simple things such as walking, housework, or sleeping. For some people, the condition makes strenuous activities like manual work or sport more difficult. Every patient is affected differently, and treatment is always tailored to the individual.

There are two basic approaches to most orthopaedic conditions: non-surgical treatment, or surgery. Most commonly, patients start with non-surgical treatment, and only proceed to surgery when the non-surgical treatments aren't working well enough.

#### Non-surgical treatments

- Activity modification – this means changing or modifying the activity that you are struggling with. For example, if you have bad knees, swimming might be a better way of staying active than running.
- Pain killers – these won't cure the underlying problem, but they will often reduce the impact of painful symptoms. Not all painkillers suit everyone, but most patients can take something that will help.

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- Joint injections – many conditions respond very well to an injection of steroid, and symptoms can be much improved for many months. These are often recommended in the early stages of osteoarthritis (“wear and tear”). Many GPs are able to give these injections.
- Physiotherapy – some conditions can be greatly improved by focusing on particular exercises and stretches. Physiotherapy is about optimising the way the muscles and joints work in order to minimise the impact of the underlying disorder. If the problem is with muscles and tendons, physiotherapy is particularly important, and can often be the cure.
- Splints – these are generally used where a bone or joint would benefit from some external support, and are often used in combination with physiotherapy. While some simple splints are available on the high street, we often provide much more specialised splints which need expert fitting.

### Surgical treatments

Normally patients only have surgery when they have tried many of the “non-surgical treatments” listed above, and yet they are still struggling. Surgery is also only suitable when the potential benefits of surgery are greater than the potential risks. For this reason, surgery may not be the best option for patients with lots of other health problems. Where possible, patients should try to improve their health before surgery. Stopping smoking is a priority, and losing weight is extremely important for patients who are significantly overweight. It is important to try and stay active, even though painful joints can make this difficult. Some patients are afraid that using painful arthritic joints will cause more damage – this rarely happens, and it is worth trying to remain mobile.

### Common orthopaedic operations

- Joint replacements – the commonest joint replacements we perform are hip and knee replacements. Many other damaged joints can be treated in this way, including shoulders, elbows, wrists, and even the small joints in the hands and feet.
- Keyhole surgery – this is the main surgical treatment for torn cartilage and ligaments in the knee, and rotator cuff tears in the shoulder. Keyhole surgery is also often performed on the hip, ankle, elbow and wrist.
- Nerve decompressions – this is frequently done for carpal tunnel syndrome and trapped nerves in the spine. Sometimes this can even be done with keyhole surgery.
- Deformity correction – common disorders treated this way include bunions and deformities that develop during childhood or after injuries.

Whilst waiting for treatment, there are a number of online resources that provide helpful information for many orthopaedic conditions.

<https://www.nhs.uk/conditions/>

<https://www.versusarthritis.org>

<https://patient.info/bones-joints-muscles>

<https://www.nutrition.org.uk/health-conditions/bone-and-joint-health/>

## What should I do if my health is deteriorating?

If your health is deteriorating, you need to be seen by your GP for review and further assessment and management.

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## **Contact Us**

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